

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION AT COLUMBUS**

IN RE: : Case No. 16-50699

Nathan A. Campbell :
Carey L. Campbell, : Chapter 13
:
Debtors. : Judge John E. Hoffman, Jr.
:
AMENDED SUMMARY OF
SCHEDULES, AND SCHEDULES
B, C, D, E, F, I and J

Come Debtors, Nathan and Carey Campbell, by counsel, and amend the Summary of Schedules, and Schedules B, C, D, E, I and J as follows:

Amended B:

To add disclosure of 2015 federal & state return refunds, item #26.

Amended C:

To insert exemption for item #26.

Amended D:

To indicate current amounts owed on 2014 Ford F-150, US Bank Home Mortgage (first mortgage), US Bank (second mortgage), 2010 Ford Fusion, 2015 Harley-Davidson, and Southern Hills Community Bank.

Amended E:

To change amount owed to IRS from \$3,000.00 for tax year 2014 to \$0.00 as 2015 tax refund was offset.

Amended F:

To add mailing address for creditor, Columbus Radiology Corp

Columbus Radiology Corp
111 S Grant Street
Columbus OH 432156

Amended I:

- 1) To amend Debtor/Husband's income to indicate earnings while he is in San Francisco CA working for his company; will be located there for approximately one year.
- 2) To amend Debtor/Wife's income to indicate new employment, loss of child support income, and loss of second job.

Amended J:

- 1) To indicate changes in Debtor/Husband's budget while located in San Francisco CA.
- 2) To indicate current status of Debtor/Wife's budget.

Respectfully Submitted,

/s/G. Timothy Dearfield
G. Timothy Dearfield (0039684)
Dearfield Law Firm, LLC
Attorney for Debtors
2555 S. Dixie Dr., Suite 201
Kettering, Ohio 45409
(937) 294-7213 phone
(937) 294-7214 fax
dkandw@sbcglobal.net

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing has been duly served upon the parties as listed below in accordance with applicable Bankruptcy and Local Rules of Procedure by electronic service or regular U.S. Mail on June 24, 2016.

/s/ G. Timothy Dearfield
G. Timothy Dearfield

Served upon:

U.S. Trustee
170 N. High St Ste 200
Columbus OH 43215
(via ECF)

Faye D. English
(via ECF)

Columbus Radiology Corp
111 S Grant Street
Columbus OH 43215

Fill in this information to identify your case:

Debtor 1 **Nathan A. Campbell**
 First Name Middle Name Last Name

Debtor 2 **Carey L. Campbell**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number **2:16-bk-50699**
 (if known)

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 73,000.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 69,069.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$ 142,069.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 147,399.62
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 1,000.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 11,397.47
Your total liabilities	\$ 159,797.09

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 7,040.47
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 4,614.91

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to

Debtor 1 **Nathan A. Campbell**
 Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

the court with your other schedules.

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **6,317.52**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 1,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 1,000.00

Fill in this information to identify your case and this filing:

Debtor 1 **Nathan A. Campbell**
First Name Middle Name Last Name

Debtor 2 **Carey L. Campbell**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number **2:16-bk-50699**

☒ Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

1191 Childs Street

Street address, if available, or other description

Greenfield OH 45123-0000

City State ZIP Code

Highland

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Purchased August 4, 2006 - separated Debtor/Wife's principal residence; needs numerous repairs; front visual of burned-down house; loction close to known drug house

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$50,000.00

Current value of the portion you own?

\$50,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

☐ Check if this is community property (see instructions)

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

If you own or have more than one, list here:

1.2

428 McKell Avenue

Street address, if available, or other description

Greenfield OH 45123-0000

City State ZIP Code

Highland

County

What is the property? Check all that apply

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Purchased October 2003 - mold issues, no furnace or A/C, needs roof, painting, gutters, termites, windows, deteriorated shed, etc

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$23,000.00

Current value of the portion you own?

\$23,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$73,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **Ford**
Model: **F-150**
Year: **2014**
Approximate mileage: **42,000**
Other information:

Insured with State Farm

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$33,000.00

Current value of the portion you own?

\$33,000.00

3.2 Make: **Ford**
Model: **Fusion**
Year: **2010**
Approximate mileage: **120,000**
Other information:

Insured with State Farm

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$8,000.00

Current value of the portion you own?

\$8,000.00

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

3.3 Make: **Harley-Davidson**
Model: **FHX**
Year: **2015**
Approximate mileage: **4000**
Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$16,000.00 **\$16,000.00**

☐ Check if this is community property (see instructions)

3.4 Make: **Pontiac**
Model: **G6**
Year: **2007**
Approximate mileage: **16000**
Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$500.00 **\$500.00**

☐ Check if this is community property (see instructions)

17 year old daughter's car - in Debtor/wife's name - inoperable

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$57,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Couch, loveseat, chair \$250; end tables/coffee table \$60; kitchen table/chairs \$300; beds/bedding \$200; chest of drawers/dresser \$150; washer/dryer \$200; stove \$150; refrigerator \$300; misc household items \$100; lawn mower \$200; misc yard equipment \$200; misc household tools \$25

\$2,135.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

Computer \$150; cell phones \$100

\$250.00

8. **Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No
☒ Yes. Describe.....

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

Misc books, pictures

\$50.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

45 Taurus handgun

\$200.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Men & Women's clothing, shoes, etc

\$200.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Necklace, earrings

\$5.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

2 dogs, cat, fish

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,840.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$340.00

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

Merchants Bank

\$500.00

17.2. **Savings**

Merchants Bank

\$0.00

17.3. **Checking**

Leesburg Federal

\$189.00

17.4. **Savings**

Leesburg Federal

\$50.00

17.5. **Savings**

Wright-Patt Credit Union

\$20.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No

☒ Yes.....

Institution or issuer name:

Vectren Energy Direct Purchase Plan - 22 shares @ \$42 ea

\$925.00

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**Case number (if known) **2:16-bk-50699**☒ No☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☐ No☒ Yes. Give specific information about them...

Driver's license

\$0.00

Driver's license

\$0.00

Money or property owed to you?**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....2015 Federal \$7,755 less 2014 offset of
\$1,050, net \$6,705; state \$0

\$6,705.00

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☒ Yes. Give specific information.....Mike McLees child support arrears for
2015 - \$200 pd in full 6/11/2016

Child Support

\$0.00

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:Group term life insurance through
union

Carey L. Campbell

\$0.00

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No
☒ Yes. Describe each claim.....

Daughter's car accident in 4/2015; Progressive Insurance for cited individual & State Farm for friend - daughter driving friend's car; Attorneys Dyer, Garofalo - Debtor/Wife's claim for medical costs of dependent daughter.

Unknown

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No
☐ Yes. Describe each claim.....

35. **Any financial assets you did not already list**

- ☒ No
☐ Yes. Give specific information..

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$8,729.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. **Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. **Add the dollar value of all of your entries from Part 7. Write that number here**

\$0.00

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

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Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$73,000.00
56. Part 2: Total vehicles, line 5	\$57,500.00	
57. Part 3: Total personal and household items, line 15	\$2,840.00	
58. Part 4: Total financial assets, line 36	\$8,729.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$69,069.00	Copy personal property total \$69,069.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$142,069.00

Fill in this information to identify your case:

Debtor 1	Nathan A. Campbell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Carey L. Campbell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO		
Case number (if known)	2:16-bk-50699		

☒ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
1191 Childs Street Greenfield, OH 45123 Highland County Purchased August 4, 2006 - separated Debtor/Wife's principal residence; needs numerous repairs; front visual of burned-down house; location close to known drug house Line from <i>Schedule A/B</i> : 1.1	\$50,000.00	<input checked="" type="checkbox"/> \$132,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2015 Harley-Davidson FHX 4000 miles Line from <i>Schedule A/B</i> : 3.3	\$16,000.00	<input checked="" type="checkbox"/> \$3,675.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
2007 Pontiac G6 16000 miles 17 year old daughter's car - in Debtor/wife's name - inoperable Line from <i>Schedule A/B</i> : 3.4	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Couch, loveseat, chair \$250; end tables/coffee table \$60; kitchen table/chairs \$300; beds/bedding \$200; chest of drawers/dresser \$150; washer/dryer \$200; stove \$150; refrigerator \$300; misc household items \$100; lawn mower \$200; misc yard equipment \$200; m Line from Schedule A/B: 6.1	\$2,135.00	<input checked="" type="checkbox"/> \$2,135.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Computer \$150; cell phones \$100 Line from Schedule A/B: 7.1	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc books, pictures Line from Schedule A/B: 8.1	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
45 Taurus handgun Line from Schedule A/B: 10.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Men & Women's clothing, shoes, etc Line from Schedule A/B: 11.1	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
Necklace, earrings Line from Schedule A/B: 12.1	\$5.00	<input checked="" type="checkbox"/> \$5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
Cash Line from Schedule A/B: 16.1	\$340.00	<input checked="" type="checkbox"/> \$340.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
Checking: Merchants Bank Line from Schedule A/B: 17.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
Checking: Leesburg Federal Line from Schedule A/B: 17.3	\$189.00	<input checked="" type="checkbox"/> \$60.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
Checking: Leesburg Federal Line from Schedule A/B: 17.3	\$189.00	<input checked="" type="checkbox"/> \$129.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Savings: Leesburg Federal Line from Schedule A/B: 17.4	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
Savings: Wright-Patt Credit Union Line from Schedule A/B: 17.5	\$20.00	<input checked="" type="checkbox"/> \$20.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
Vectren Energy Direct Purchase Plan - 22 shares @ \$42 ea Line from Schedule A/B: 18.1	\$925.00	<input checked="" type="checkbox"/> \$925.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
2015 Federal \$7,755 less 2014 offset of \$1,050, net \$6,705; state \$0 Line from Schedule A/B: 28.1	\$6,705.00	<input checked="" type="checkbox"/> \$1,126.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
Child Support: Mike McLees child support arrears for 2015 - \$200 pd in full 6/11/2016 Line from Schedule A/B: 29.1	\$0.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(11)

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1 **Nathan A. Campbell**
 First Name Middle Name Last Name

Debtor 2 **Carey L. Campbell**
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number **2:16-bk-50699**
 (if known)

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.1 General Electric Credit Union Creditor's Name 10485 Reading Road Cincinnati, OH 45241 Number, Street, City, State & Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>7/28/2014</u> Last 4 digits of account number <u>L021</u>	Describe the property that secures the claim: 2014 Ford F-150 42,000 miles Insured with State Farm As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$34,791.15	\$33,000.00	\$1,791.15

2.2 Highland County Treasurer Creditor's Name 119 Governor Foraker Place PO Box 824 Hillsboro, OH 45133 Number, Street, City, State & Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only	Describe the property that secures the claim: 1191 Childs Street Greenfield, OH 45123 Highland County Purchased August 4, 2006 - separated Debtor/Wife's principal residence; needs numerous repairs; front visual of burned-down house; location close to known drug house As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	\$0.00	\$50,000.00	\$0.00
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Debtor 1 **Nathan A. Campbell** Case number (if know) **2:16-bk-50699**
 First Name Middle Name Last Name
 Debtor 2 **Carey L. Campbell**
 First Name Middle Name Last Name

- ☐ Debtor 1 and Debtor 2 only ☒ Statutory lien (such as tax lien, mechanic's lien)
☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)

Date debt was incurred **2/2016** Last 4 digits of account number

2.3	Ohio Housing Finance Agency Creditor's Name	Describe the property that secures the claim:	\$0.00	\$50,000.00	\$0.00
	57 East Main Street Columbus, OH 43215 Number, Street, City, State & Zip Code	Notice Only			
	Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	Date debt was incurred	Last 4 digits of account number			

2.4	Southern Hills Community Bank Creditor's Name	Describe the property that secures the claim:	\$22,690.70	\$23,000.00	\$0.00
	134 N. Washington Street Greenfield, OH 45123 Number, Street, City, State & Zip Code	428 McKell Avenue Greenfield, OH 45123 Highland County Purchased October 2003 - mold issues, no furnace or A/C, needs roof, painting, gutters, termites, windows, deteriorated shed, etc			
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	Date debt was incurred	Last 4 digits of account number 4680			

2.5	U S Bank Creditor's Name	Describe the property that secures the claim:	\$1,779.21	\$50,000.00	\$1,779.21
	4801 Frederica Street Owensboro, KY 42301	1191 Childs Street Greenfield, OH 45123 Highland County Purchased August 4, 2006 - separated Debtor/Wife's principal residence			
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent			

Debtor 1 **Nathan A. Campbell**

Case number (if know)

2:16-bk-50699

First Name Middle Name Last Name

Debtor 2 **Carey L. Campbell**

First Name Middle Name Last Name

Number, Street, City, State & Zip Code

☐ Unliquidated

☐ Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

☐ Debtor 1 only

☒ An agreement you made (such as mortgage or secured car loan)

☒ Debtor 2 only

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Debtor 1 and Debtor 2 only

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

☒ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Second Mortgage

Date debt was incurred **8/2006**

Last 4 digits of account number **6058**

2.6 **U S Bank Home Mortgage**

Creditor's Name

Describe the property that secures the claim:

\$54,156.57

\$50,000.00

\$4,156.57

**1191 Childs Street Greenfield, OH
45123 Highland County
Purchased August 4, 2006 -
separated Debtor/Wife's principal
residence; needs numerous repairs;
front visual of burned-down house;
location close to known drug house**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

☐ Debtor 1 only

☒ An agreement you made (such as mortgage or secured car loan)

☒ Debtor 2 only

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Debtor 1 and Debtor 2 only

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

☒ Other (including a right to offset)

☐ Check if this claim relates to a community debt

First Mortgage

Date debt was incurred **8/2006**

Last 4 digits of account number **6058**

2.7 **U S Bank Home Mortgage**

Creditor's Name

Describe the property that secures the claim:

\$0.00

\$0.00

\$0.00

Notice Only

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who owes the debt? Check one.

Nature of lien. Check all that apply.

☐ Debtor 1 only

☐ An agreement you made (such as mortgage or secured car loan)

☐ Debtor 2 only

☐ Statutory lien (such as tax lien, mechanic's lien)

☒ Debtor 1 and Debtor 2 only

☐ Judgment lien from a lawsuit

☐ At least one of the debtors and another

☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

2.8 **Wright-Patt Credit Union**

Describe the property that secures the claim:

\$13,942.20

\$8,000.00

\$5,942.20

Debtor 1 **Nathan A. Campbell** Case number (if know) **2:16-bk-50699**
 First Name Middle Name Last Name
 Debtor 2 **Carey L. Campbell**
 First Name Middle Name Last Name

Creditor's Name

**PO Box 340134
Beavercreek, OH 45434**

Number, Street, City, State & Zip Code

**2010 Ford Fusion 120,000 miles
Insured with State Farm**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **3/19/2013**

Last 4 digits of account number **8993**

2.9 Wright-Patt Credit Union

Creditor's Name

**PO Box 340134
Beavercreek, OH
45434-0134**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

2015 Harley-Davidson FHX 4000 miles

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **3/25/2015**

Last 4 digits of account number **8993**

\$20,039.79 \$16,000.00 \$0.00

Add the dollar value of your entries in Column A on this page. Write that number here:

\$147,399.62

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$147,399.62

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 **Nathan A. Campbell**
First Name Middle Name Last Name

Debtor 2 **Carey L. Campbell**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**

Case number **2:16-bk-50699**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Internal Revenue Service <small>Priority Creditor's Name</small> PO Box 7346 Philadelphia, PA 19101-7346 <small>Number Street City State Zip Code</small> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Last 4 digits of account number 7753 When was the debt incurred? 4/15/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00	\$0.00
		Personal income taxes, interest & penalties for reporting year 2014			

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

2.2	State of Ohio Attorney General Priority Creditor's Name Collection Enforcement 150 E. Gay St, 21st Floor Columbus, OH 43215 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00	\$0.00	\$0.00
	When was the debt incurred? _____				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Notice Only					

2.3	State of Ohio Dept of Taxation Priority Creditor's Name Compliance Division PO Box 182401 Columbus, OH 43218-2401 Number Street City State Zip Code	Last 4 digits of account number 7753	\$1,000.00	\$750.00	\$250.00
	When was the debt incurred? 4/15/2015				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Personal income taxes, interest & penalties for reporting year 2014					

2.4	U.S. Attorney Priority Creditor's Name 221 E. 4th St Ste 400 Cincinnati, OH 45202 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00	\$0.00	\$0.00
	When was the debt incurred? _____				
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Notice Only					

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

2.5	U.S. Attorney General Priority Creditor's Name Main Justice Bldg, Room 5111 10th & Constitution Ave NW Washington, DC 20530 Number Street City State Zip Code	Last 4 digits of account number _____ \$0.00	\$0.00	\$0.00
	When was the debt incurred? _____			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
Notice Only				

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	Adena Greenfield Medical Center Nonpriority Creditor's Name 110 Vaughn Lane Chillicothe, OH 45601-8621 Number Street City State Zip Code	Last 4 digits of account number 0347	\$859.23	Total claim
	When was the debt incurred? 4/2015			
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical services				
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.2	Adena Health System Nonpriority Creditor's Name c/o JP Recovery Services Inc PO Box 16749 Rocky River, OH 44116-0749 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2328</u> When was the debt incurred? <u>4/27/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for medical services</u>	\$559.48
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4.3	Adena Health System Nonpriority Creditor's Name 110 Vaughn Lane Chillicothe, OH 45601 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5589</u> When was the debt incurred? <u>7/16/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>	\$9.56
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4.4	Adena Health System Nonpriority Creditor's Name c/o JP Recovery Services PO Box 16749 Rocky River, OH 44116 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2059</u> When was the debt incurred? <u>2/10/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for medical services</u>	\$75.00
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Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.5	Auto Glass Fitters Nonpriority Creditor's Name 501 Scranton-Carbondale Hwy Ste H Archbald, PA 18403 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9334 When was the debt incurred? 6/29/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Auto glass repair services	\$100.00
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4.6	Cincinnati GI Nonpriority Creditor's Name c/o Accelerated Creditors Services 10079 Springfield Pike Cincinnati, OH 45215 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? 9/2010 - 2/2016 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection for medical services	\$525.00
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4.7	Columbus Radiology Corp Nonpriority Creditor's Name 111 S Grant Street Columbus, OH 43215 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical services	\$200.00
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Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.8	Columbus Radiology Corporation Nonpriority Creditor's Name c/o Stern Recovery Services 415 N Edgeworth St #10 Greensboro, NC 27401 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$200.00 When was the debt incurred? <u>8/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for medical services</u>
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4.9	Community Sanitation of Ohio LLC Nonpriority Creditor's Name 7953 U S Hwy 62 Washington Court House, OH 43160 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>O141</u> \$319.00 When was the debt incurred? <u>6/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Trash pickup</u>
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4.1 0	Dayton Power & Light Company Nonpriority Creditor's Name 1065 Woodman Drive Dayton, OH 45432 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4950</u> \$580.00 When was the debt incurred? <u>1/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Electric utilities</u>
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Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.1 1	Dermatologists of Southwest Ohio Nonpriority Creditor's Name c/o Choice Recovery Inc PO Box 20790 Columbus, OH 43210 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$208.00 When was the debt incurred? <u>7/2014 - 2/2016</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for medical services</u>
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4.1 2	Diagnostic Radiology Inc Nonpriority Creditor's Name c/o MSB PO Box 1554 Mansfield, OH 44901-1554 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6292</u> \$17.88 When was the debt incurred? <u>7/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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4.1 3	Fayette County Memorial Hospital Nonpriority Creditor's Name c/o Rossman & Co 5500 New Albany Road New Albany, OH 43054 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$380.00 When was the debt incurred? <u>7/2014</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for medical services</u>
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Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.1 4	FCMH Medical and Surgical Assoc Nonpriority Creditor's Name c/o Murphy Law Office LLC 6457 Reflections Dr Ste 200 Dublin, OH 43017 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8572</u> \$225.20 When was the debt incurred? <u>4/2015</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection for medical services</u>
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4.1 5	FCMH Medical and Surgical Assoc Nonpriority Creditor's Name 1510 Columbus Ave #230 Washington Court House, OH 43160 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>
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4.1 6	Highland District Hospital Nonpriority Creditor's Name PO Box 1710 Powell, OH 43065 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8263</u> \$81.76 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>
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Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.1
7

Highland District Hospital

Nonpriority Creditor's Name

PO Box 1710

Powell, OH 43065

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6653**

\$169.79

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services**

4.1
8

Highland District Hospital

Nonpriority Creditor's Name

1275 N High Street

Hillsboro, OH 45133

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1443**

\$170.00

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services**

4.1
9

Homeland Credit Union

Nonpriority Creditor's Name

PO Box 30495

Tampa, FL 33630

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1154**

\$4,300.00

When was the debt incurred? **2013 - 2/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit card used for house repairs**

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.2
0

IGS Energy

Nonpriority Creditor's Name

**c/o Recovery One
PO Box 20404
Columbus, OH 43220-0404**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5734**

\$84.00

When was the debt incurred? **1/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection for energy delivery services**

4.2
1

Ohio Emergency Professionals Inc

Nonpriority Creditor's Name

**c/o Akron Billing Center
3585 Ridge Park Drive
Akron, OH 44333-8203**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3409**

\$65.37

When was the debt incurred? **4/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection for medical services**

4.2
2

Pendrick Capital Partners LLC

Nonpriority Creditor's Name

**c/o Debt Recovery Solutions LLC
900 Merchants Concourse Ste
LL-11
Westbury, NY 11590**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7551**

\$64.20

When was the debt incurred? **11/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection for medical services by Adena Emergency Physicians Inc**

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.2
3

TekCollect

Nonpriority Creditor's Name

PO Box 1269

Columbus, OH 43216

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.2
4

Time Warner Cable

Nonpriority Creditor's Name

c/o Credit Management LP

4200 International Pkwy

Carrollton, TX 75007

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$442.00

When was the debt incurred?

8/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for cable services**

4.2
5

Tri State Orthopaedics

Nonpriority Creditor's Name

c/o Professional Claims Bureau Inc

439 Oak Street

Garden City, NY 11530

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$262.00

When was the debt incurred?

11/2014 - 2/2016

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection for medical services**

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if know) **2:16-bk-50699**

4.2
6

Verizon Wireless

Nonpriority Creditor's Name

455 Duke Drive

Franklin, TN 37067

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0354**

\$1,500.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Cell phone services**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	1,000.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	1,000.00
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	11,397.47
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	11,397.47

Fill in this information to identify your case:

Debtor 1 Nathan A. Campbell

Debtor 2 Carey L. Campbell
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:16-bk-50699
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.		
If you have more than one job, attach a separate page with information about additional employers.	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Employment status		
Occupation	<u>Operator</u>	<u>STNA</u>
Include part-time, seasonal, or self-employed work.	Employer's name <u>Miller Pipeline LLC</u>	Employer's name <u>Hearth and Care</u>
Occupation may include student or homemaker, if it applies.	Employer's address <u>8850 Crawfordsville Road Indianapolis, IN 46234</u>	Employer's address <u>3001 Executive Drive Clearwater, FL 33762</u>
How long employed there?	<u>2 yrs - \$36.58</u>	<u>2 mos - \$12.25/hr</u>

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,389.45</u>	2. \$ <u>2,229.50</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>1,902.16</u>	3. +\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>7,291.61</u>	4. \$ <u>2,229.50</u>

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 7,291.61	\$ 2,229.50	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,624.81	\$ 229.63	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 8.66	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 28.85	\$ 0.00	
5h. Other deductions. Specify: <u>Vectren stock purchase</u>	5h.+ \$ 43.33 +	\$ 0.00	
LBR Labor Assessment	\$ 182.03	\$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,887.68	\$ 229.63	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,403.93	\$ 1,999.87	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 290.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: <u>Per diem</u>	8h.+ \$ 346.67 +	\$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 636.67	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,040.60 +	\$ 1,999.87 =	\$ 7,040.47
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ 7,040.47	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 90%;">Debtor/Hus is now working in SF CA until Mar 2017; works an average of 34 hrs regular time and 8 hrs overtime per week. New union dues = \$1,500/yr. Hus comes home once a month for 4 days & is not paid for the 3 days he would have been working, & is not paid for holidays. Debtor/Hus' per diem for food while living in SF CA until Mar '17 is \$20/day X 4 days per/wk. Company provides housing. Debtor/Wife has new employment; no longer working two jobs; works 7, 10-hr shifts/biweekly. Debtor/Wife's child support ceased 6/11/16 as daughter is now 18.</div>			

In re Nathan A. Campbell
Carey L. Campbell

Debtor(s)

Case No. 2:16-bk-50699

SCHEDULE I - YOUR INCOME

Attachment A

RENTS \$450.00

EXPENSES:

RE TAXES	\$47.00
INSURANCE	43.00
REPAIRS	70.00
TOTAL	\$160.00
NET INCOME	\$290.00

Fill in this information to identify your case:

Debtor 1 Nathan A. Campbell

Debtor 2 Carey L. Campbell
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:16-bk-50699
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☐ No

☒ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Grandchild

6 mos

☐ No
☒ Yes

Son

15

☐ No
☒ Yes

Daughter

18

☐ No
☒ Yes

☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>149.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>0.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>35.00</u>
10. Personal care products and services	10. \$ <u>25.00</u>
11. Medical and dental expenses	11. \$ <u>35.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>150.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>200.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>Cigarettes</u>	21. +\$ <u>150.00</u>
Union dues - local	+\$ <u>54.00</u>
Business clothing	+\$ <u>63.00</u>
Business meals	+\$ <u>1,064.58</u>
Business cell phone	+\$ <u>75.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>2,000.58</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>2,614.33</u>
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,614.91</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>7,040.47</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,614.91</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2,425.56</u>

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: **Debtor/Hus is in CA until Mar 2017; rides to work with other employee; housing paid for by company & is allotted \$20/day meal per diem by Miller Pipeline LLC. Business food expenses are for while temporarily in San Francisco CA area & calculated at \$35/day. Debtor/Hus rents his home in Greenfield OH for \$450/mo. He also pays real estate taxes & insurance directly & covers repairs on rental home. Same expenses disclosed on Schedule I attachment within breakdown of rental expenses. See attch.**

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

Fill in this information to identify your case:

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**
(Spouse, if filing)
United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF OHIO**
Case number **2:16-bk-50699**
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J-2

Schedule J-2: Your Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. *If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J.* Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Do you and Debtor 1 maintain separate households?**

☐ No. Do not complete this form.
☒ Yes

2. **Do you have dependents?** ☐ No

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents names.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 2

Dependent's age

Does dependent live with you?

Grandchild

6 mos

☐ No
☒ Yes

Son

15

☐ No
☒ Yes

Daughter

18

☐ No
☒ Yes

☐ No
☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?** ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **70.00**

Debtor 1 **Nathan A. Campbell**
Debtor 2 **Carey L. Campbell**

Case number (if known) **2:16-bk-50699**

4d. Homeowner's association or condominium dues	4d. \$	0.00
5. Additional mortgage payments for your residence , such as home equity loans	5. \$	0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	450.00
6b. Water, sewer, garbage collection	6b. \$	120.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	225.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	490.00
8. Childcare and children's education costs	8. \$	325.00
9. Clothing, laundry, and dry cleaning	9. \$	80.00
10. Personal care products and services	10. \$	75.00
11. Medical and dental expenses	11. \$	75.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	90.00
14. Charitable contributions and religious donations	14. \$	0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	216.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: School lunches	21. +\$	83.33
Pet expenses	\$	70.00
Diapers/wipes	\$	45.00

22. **Your monthly expenses.** Add lines 5 through 21.
The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

\$ **2,614.33**

23. Line not used on this form.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: **Debtor/Wife lives in Greenfield OH & has new employment; no second job. Debtor/Wife to cure & maintain first mortgage and strip off 2nd mortgage. Debtor/Wife claims children & grandchild as tax dependents & she pays for child care, wipes, baby food, formula, etc. Does not receive food stamps any longer, but receives WIC; but only covers partial amount of formula. Child care is \$75/wk, paid in cash to friend who babysits grandchild & 2 other unrelated children.**

In re Nathan A. Campbell
Carey L. Campbell

Debtor(s)

Case No. 2:16-bk-50699

SCHEDULE J - YOUR EXPENSES

Attachment A

(#24 (Debtor 1) Cont'd)

Debtor/Hus' business clothing particular to the needs of a machine operator conducting procedures on gas lines in residential and commercial areas of SF CA. As such, Debtor/Hus has to replace 5 cotton long sleeved shirts @ \$10 apiece, without holes, and 3 pairs of jeans @ \$17/pair without holes, rips or tears every 60 days; workboots @ \$160 a pair have to be replaced once a yr.

**United States Bankruptcy Court
Southern District of Ohio**

In re **Nathan A. Campbell
Carey L. Campbell**

Debtor(s)

Case No. **2:16-bk-50699**
Chapter **13**

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of **38** page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date **June 23, 2016**

Signature **/s/ Nathan A. Campbell**
Nathan A. Campbell
Debtor

Date **June 23, 2016**

Signature **/s/ Carey L. Campbell**
Carey L. Campbell
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.